

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission:: Paper

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: TREATMENT OF POMPE'S DISEASE

Attorney Docket Number:: 16994G-012730US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Netherlands  
Status:: Full Capacity  
Given Name:: Johannes B.M.M.  
Middle Name::  
Family Name:: van Bree  
Name Suffix::  
City of Residence:: Nieuw-Vennep  
State or Province of Residence::  
Country of Residence:: Netherlands  
Street of Mailing Address:: Dotterbloemstraat 27, 2153 ES  
City of Mailing Address:: Nieuw-Vennep  
State or Province of mailing address::  
Country of mailing address:: Netherlands  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Netherlands  
Status:: Full Capacity  
Given Name:: Edna  
Middle Name:: H.G.  
Family Name:: Venneker  
Name Suffix::  
City of Residence:: Saturnushof 15  
State or Province of Residence::  
Country of Residence:: Netherlands  
Street of Mailing Address:: 3951 EE Maarn  
City of Mailing Address:: Saturnushof 15  
State or Province of mailing address::

Country of mailing address:: Netherlands

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Middle Name:: P.

Family Name:: Meeker

Name Suffix::

City of Residence:: Concord

State or Province of Residence:: MA

Country of Residence:: US

Street of Mailing Address:: 39 Southfield Circle

City of Mailing Address:: Concord

State or Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code of mailing address:: 01942

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/454,711	12/06/99
09/454,711	Provisional of	60/111,291	12/07/98

### **Foreign Priority Information**

Country::                                      Application number::                                      Filing Date::

### **Assignee Information**

Assignee Name::                                      Genzyme Corporation

Street of mailing address::                                      One Kendall Square

City of mailing address::                                      Cambridge

State or Province of mailing address::                                      MA

Country of mailing address::                                      US

Postal or Zip Code of mailing address::                                      02139

Assignee Name::                                      *Pharming Intellectual Property B.V.*

Street of mailing address::                                      Niels Bohrweg 11-13

City of mailing address::                                      CA Leiden

State or Province of mailing address::

Country of mailing address::                                      The Netherlands

Postal or Zip Code of mailing address::                                      2333